

Injury Prevention Advisory Council

March 20, 2014
1 pm-3 pm EST
Rice Auditorium, ISDH

Purpose and Outline

- Purpose of meeting is to achieve three goals:
 - Network
 - Discuss current burden of injury in Indiana
 - Discuss future direction of IPAC

Injury Prevention- Brief Updates

- Name
- Position
- Current Projects and Programs

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State Injury Indicators: Injury Morbidity and Mortality Indiana, 2011 & 2012



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State Injury Indicators

- Describes a health outcome of an injury
 - Hospitalizations
 - Death
- Guidelines developed by Safe States Alliance (formerly STIPDA) and the Council of State and Territorial Epidemiologists
- Standardized method for evaluating injury data that is comparable across territories and the country

1) Thomas KE, Johnson RL. State injury indicators report: instructions for Preparing 2011 Data. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; 2013.

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Data Sources

- Indiana Mortality Reports: Indiana State Department of Health, Epidemiology Resource Center (ERC), Data Analysis Team (DAT)
- Hospital Discharge Datasets (HDD)
 - Inpatient and Emergency Department (ED)
 - Overseen by ISDH ERC DAT; Indiana Hospital Association (IHA)
- Web-based Injury Statistics Query and Reporting System (CDC WISQARS)

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State Injury Indicators

Injury Categories

Mechanisms of Injury:

- (Unintentional) Drowning*
- Unintentional Fall-related
- Unintentional Fire-related
- Firearm-related
- Poisoning
- Motor Vehicle Traffic

Types of Injury:

- Traumatic Brain Injury (TBI)
- Hip Fracture, age 65 years and older

Intent of Injury:

- Homicide/Assault
- Suicide/Suicide Attempt

*Drowning deaths limited to only those unintentional in nature

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State Injury Indicators—Notes

- Overlap exists among injury indicators
 - Ex: A firearm-related homicide could be included in the firearm-related and homicide indicators
 - Traumatic Brain Injury has a variety of mechanisms
- Mortality data includes only IN residents regardless of where death occurred
- Hospital Discharge Data restricted to non-federal, non-state, acute care facilities
- Age-Adjusted Rates & Age-Specific Rates

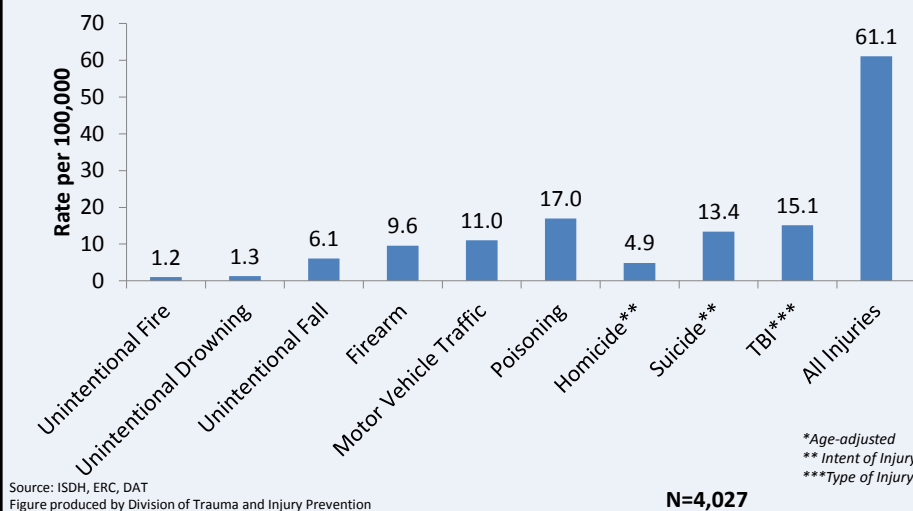
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Injury Fatality ICD-10 Codes

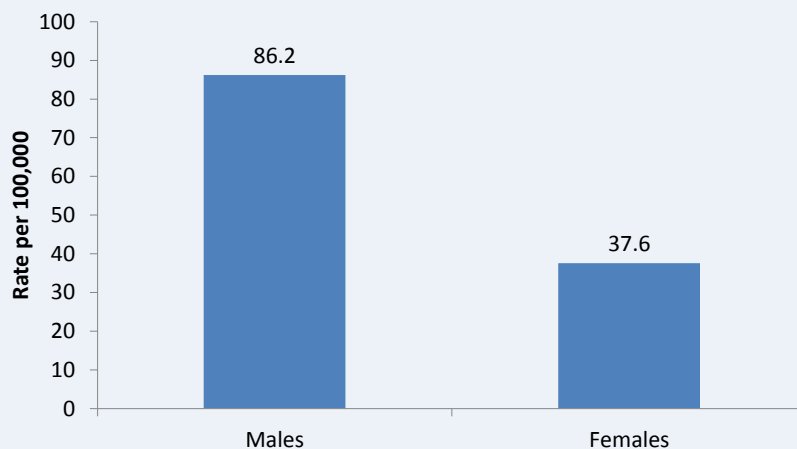
- V01–Y36
 - Y85–Y87
 - Y89
- } Injury and poisoning

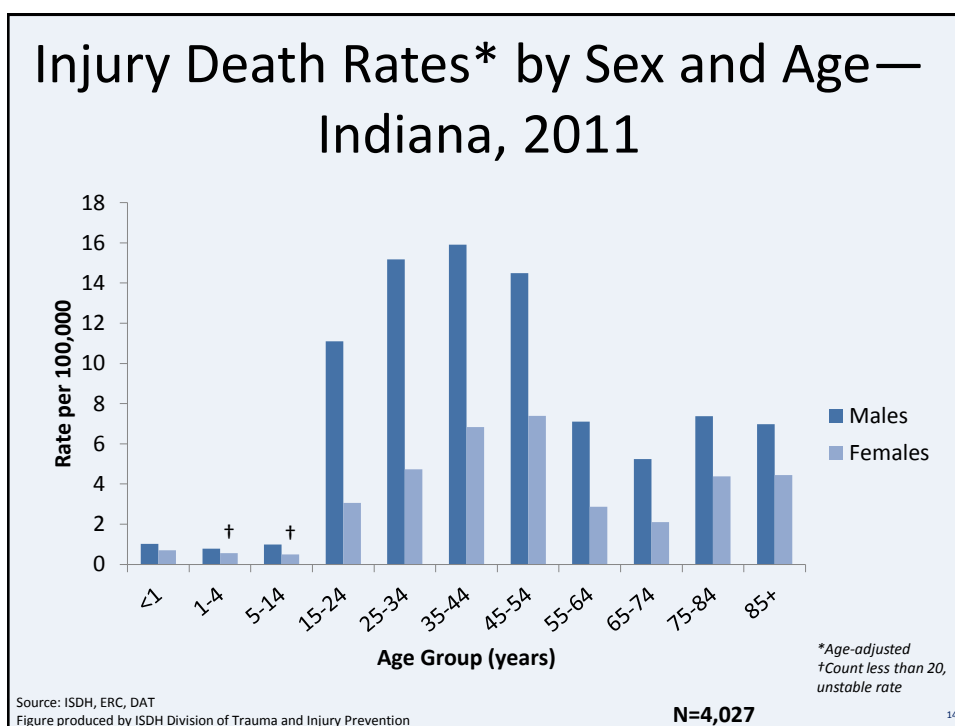
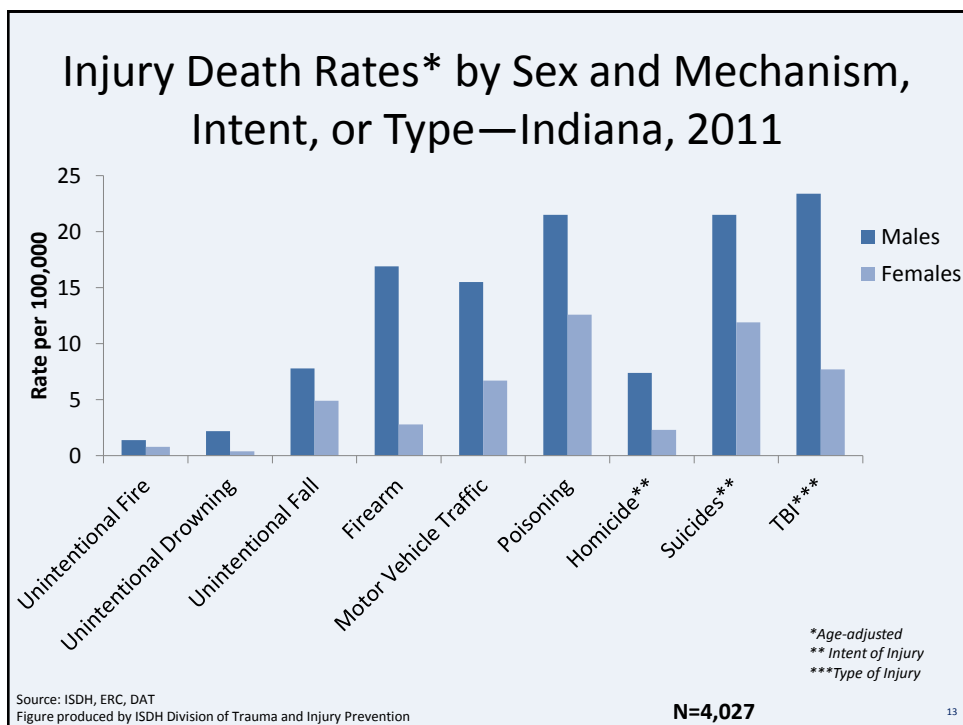
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Injury Death Rates* by Mechanism, Intent, or Type— Indiana, 2011

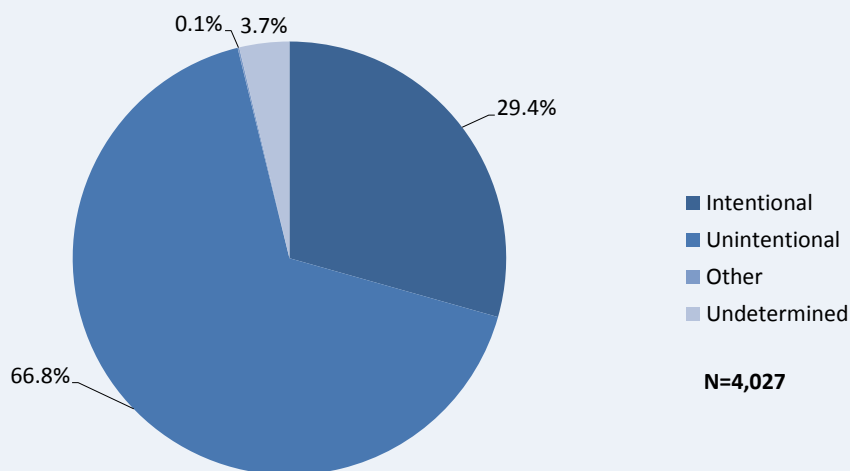


Injury Death Rates* by Sex— Indiana, 2011





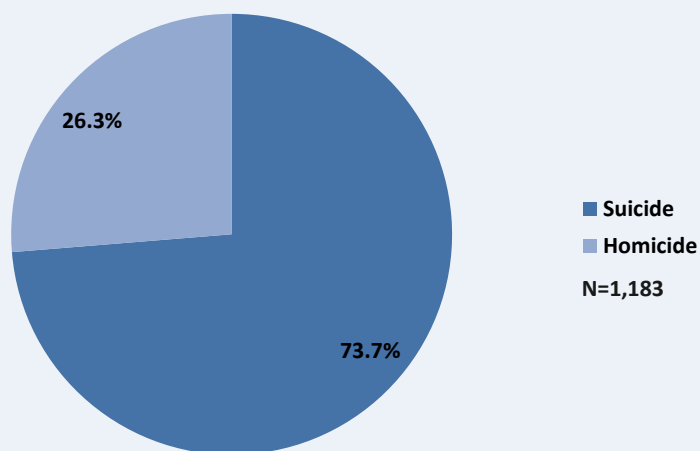
Injury Deaths by Intent—Indiana, 2011



Source: ISDH, ERC, DAT
Figure produced by ISDH Division of Trauma and Injury Prevention

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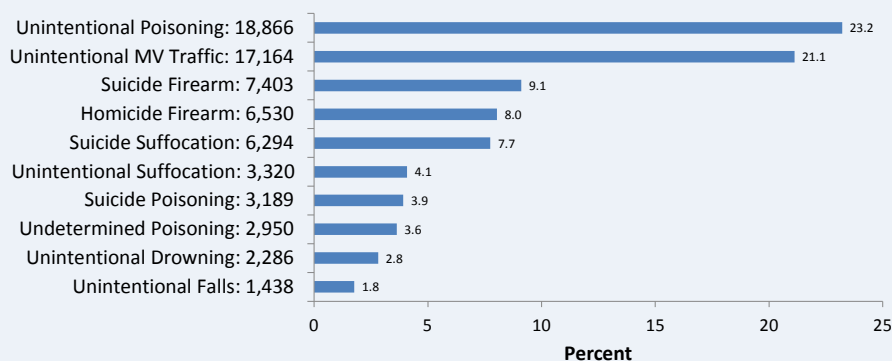
Intentional Injury Deaths—Indiana, 2011



Source: ISDH, ERC, DAT
Figure produced by ISDH Division of Trauma and Injury Prevention

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Leading Injury-Related Mechanisms of Years of Potential Life Lost* (YPLL) Before Age 65, by Injury Cause—Indiana, 2011



**YPLL is defined as the number of years of potential life lost by each death occurring before a predetermined end point, set at age 65 years. It is a measure of premature mortality and emphasizes causes of death that typically affect younger age groups.*

Total YPLL for 2011: 81,281

Source: ISDH, ERC, DAT

Figure produced by ISDH Division of Trauma and Injury Prevention

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Overview of Mortality Data— Indiana, 2011

- Death rate for all injuries combined was 61.1 deaths per 100,000 during 2011, claiming 4,027 lives
- Males were 2.3 times more likely than females to be fatally injured (86.2 vs. 37.6 per 100,000)
- Injury death rates highest among those age 35-44 years (11.4 per 100,000)

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Overview of Mortality Data— Indiana, 2011

- Leading mechanism of injury deaths were poisonings (17.0 per 100,000), motor vehicle traffic collisions (11.0 per 100,000), and firearm-related (9.6 per 100,000).
- Among males: Poisonings (21.5 per 100,000), firearm-related (16.9 per 100,000), and motor vehicle traffic collisions (15.5 per 100,000)
- Among females: Poisonings (12.6 per 100,000), motor vehicle traffic collisions (6.7 per 100,000), and unintentional falls (4.9 per 100,000)

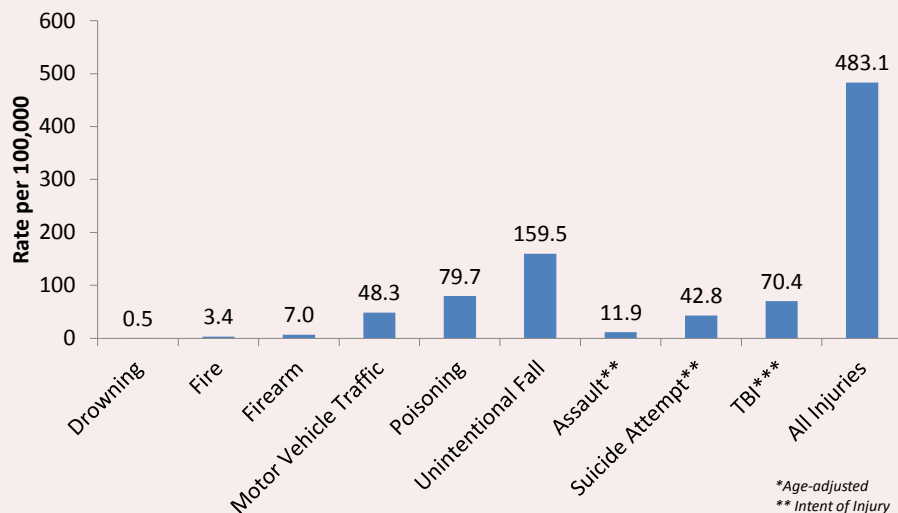
19

Hospital Admissions for All Injuries ICD-9-CM Codes

- 800–909.2
 - 909.4
 - 909.9–994.9
 - 995.5–995.59
 - 995.80–995.85
- } Injury and poisoning

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Injury Hospitalization Rates* by Mechanism, Intent, or Type—Indiana, 2012



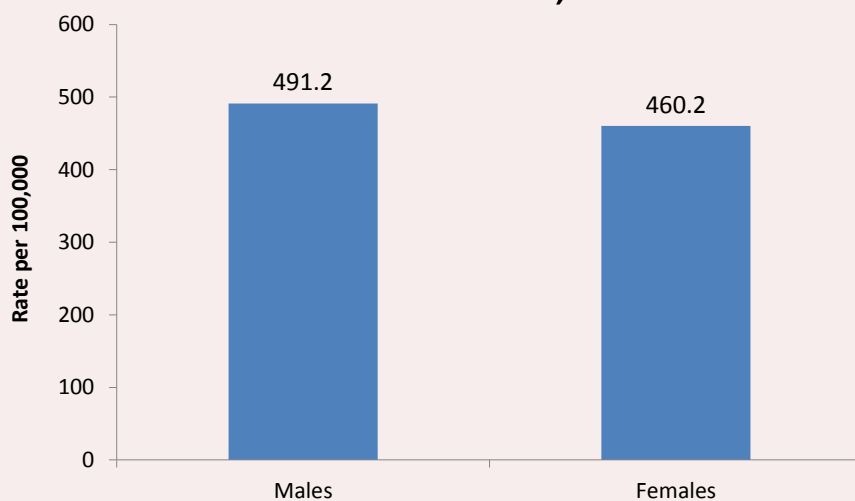
Source: ISDH, ERC, DAT

Figure produced by ISDH Division of Trauma and Injury Prevention

N=32,855

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Injury Hospitalization Rates* by Sex—Indiana, 2012



Source: ISDH, ERC, DAT

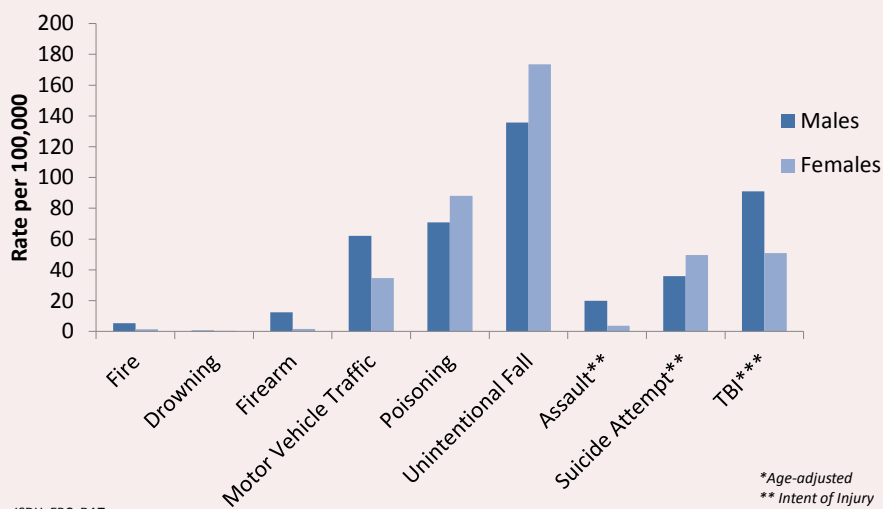
Figure produced by ISDH Division of Trauma and Injury Prevention

N=32,855

*Age-adjusted

22

Injury Hospitalization Rates* by Sex and Mechanism, Intent, or Type—Indiana, 2012



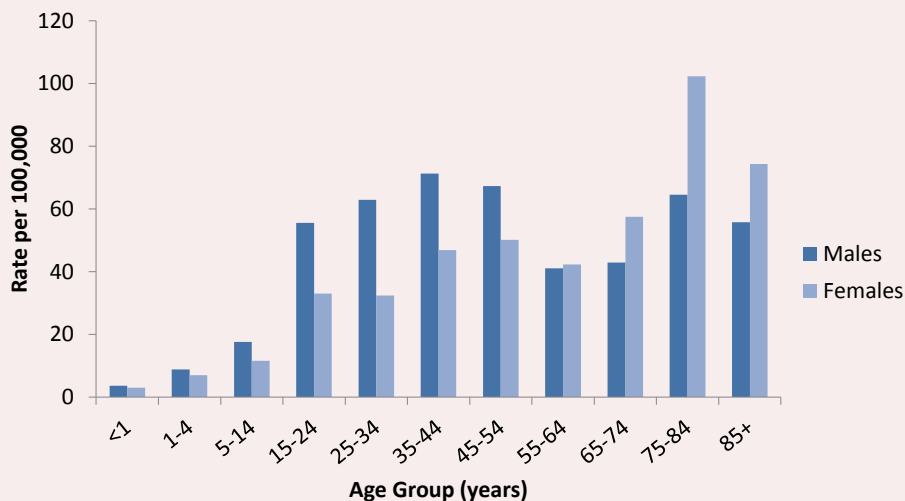
Source: ISDH, ERC, DAT

Figure produced by ISDH Division of Trauma and Injury Prevention

N=32,855

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Injury Hospitalization Rates* by Age and Sex—Indiana, 2012



Source: ISDH, ERC, DAT

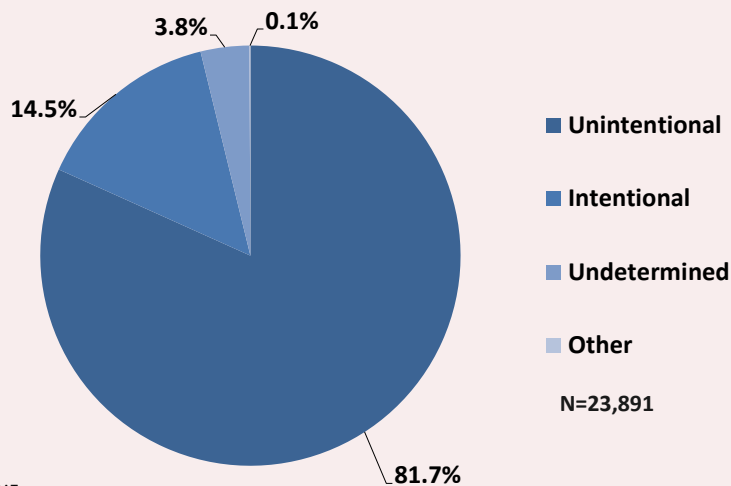
Figure produced by ISDH Division of Trauma and Injury Prevention

N=32,855

*Age-adjusted

24

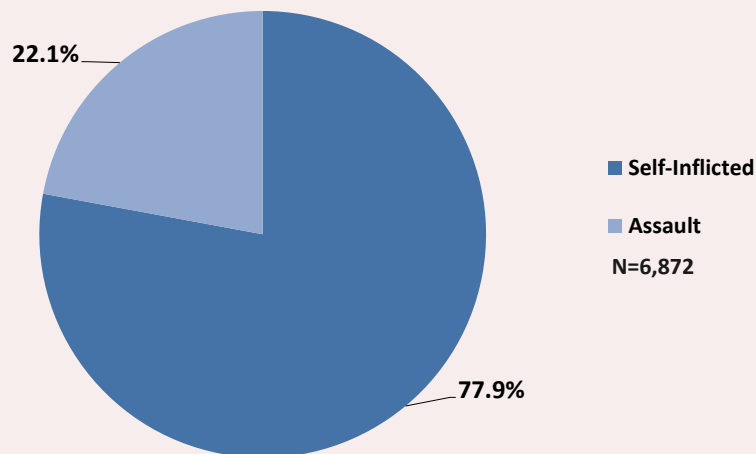
Injury Hospitalizations by Intent— Indiana, 2012



Source: ISDH, ERC, DAT
Figure produced by ISDH Division of Trauma and Injury Prevention

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Intentional Injury Hospitalizations— Indiana, 2012



Source: ISDH, ERC, DAT
Figure produced by ISDH Division of Trauma and Injury Prevention

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Overview of Inpatient Hospital Discharge Data —Indiana, 2012

- 32,855 hospitalizations for all injuries at an age-adjusted rate of 483.1 per 100,000
- Leading mechanism of injury-related hospitalizations were unintentional falls (159.5 per 100,000), poisonings (79.7 per 100,000), and motor vehicle traffic collisions (48.3 per 100,000)
- Females represent 53.5% of injury hospital admissions
- Men had nearly the same hospitalization rates as females due to injury (491.2 vs. 460.2 per 100,000)

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Overview of Inpatient Hospital Discharge Data—Indiana, 2012

- Leading mechanisms of injury among males were unintentional falls (135.6 per 100,000), poisoning (70.9 per 100,000), and motor vehicle traffic collision (62.1 per 100,000)
- Leading mechanisms of among females were unintentional falls (173.6 per 100,000), poisoning (88.1 per 100,000), and motor vehicle traffic collision (34.6 per 100,000)

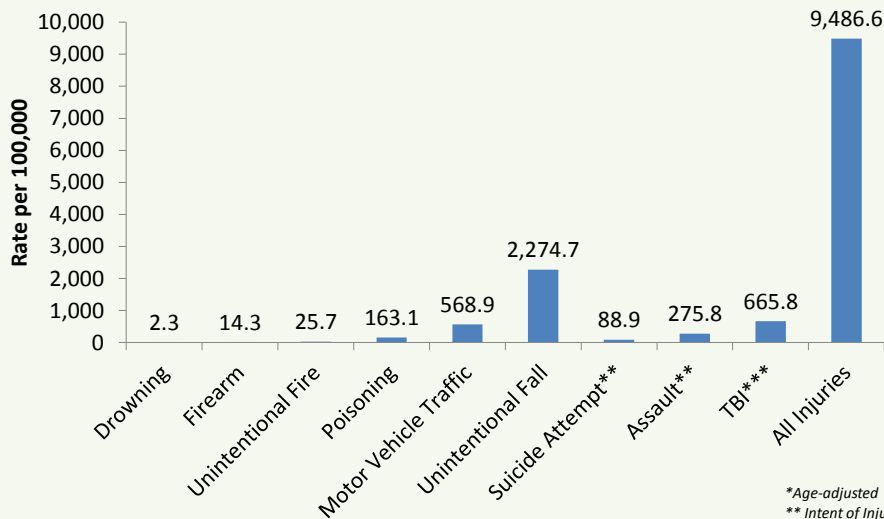
28

ED Visits for All Injuries ICD-9-CM Codes

- 800–909.2
 - 909.4
 - 909.9–994.9
 - 995.5–995.59
 - 995.80–995.85
- Injury and poisoning
-
- E800–E869
 - E880–E929
 - E950–E999
- Injury and poisoning

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Injury ED Visit Rates* by Mechanism—Indiana, 2012



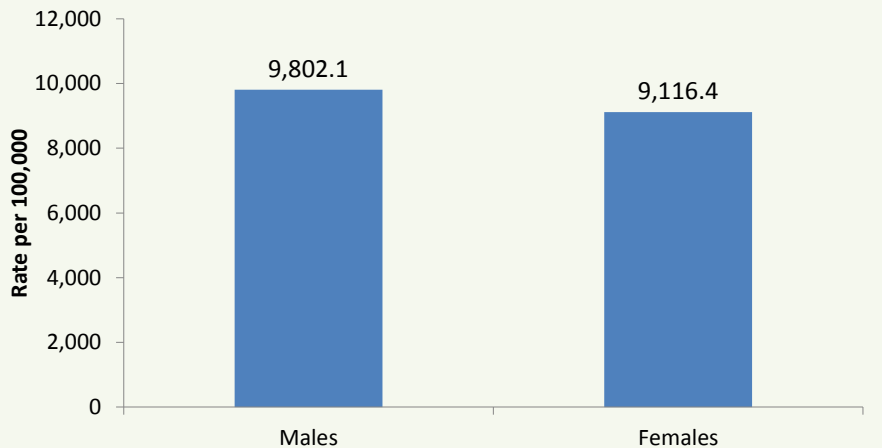
Source: ISDH, ERC, DAT
Figure produced by ISDH Division of Trauma and Injury Prevention

N=608,082

*Age-adjusted
** Intent of Injury
***Type of Injury

30

Injury ED Visit Rates* by Sex— Indiana, 2012



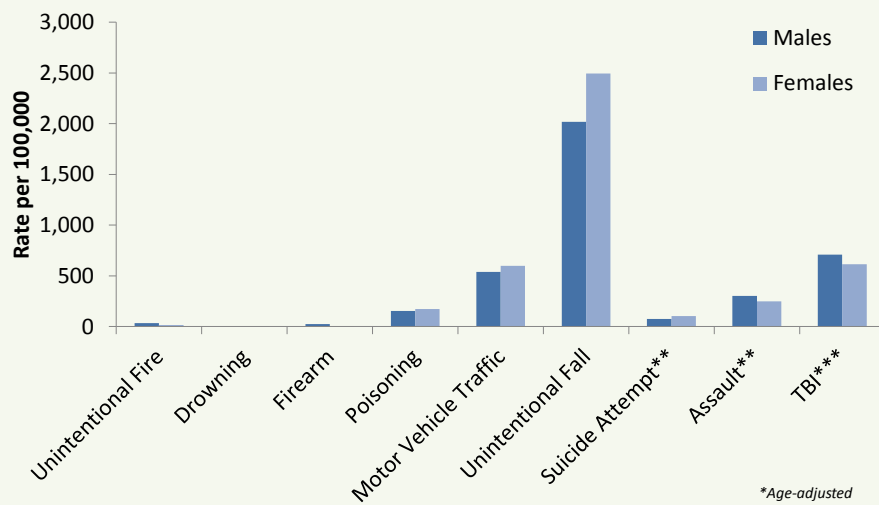
Source: ISDH, ERC, DAT
Figure produced by ISDH Division of Trauma and Injury Prevention

N=608,082

*Age-adjusted

31

Injury ED Visit Rates* by Sex and Mechanism, Intent, or Type—Indiana, 2012



Source: ISDH, ERC, DAT
Figure produced by ISDH Division of Trauma and Injury Prevention

N=608,082

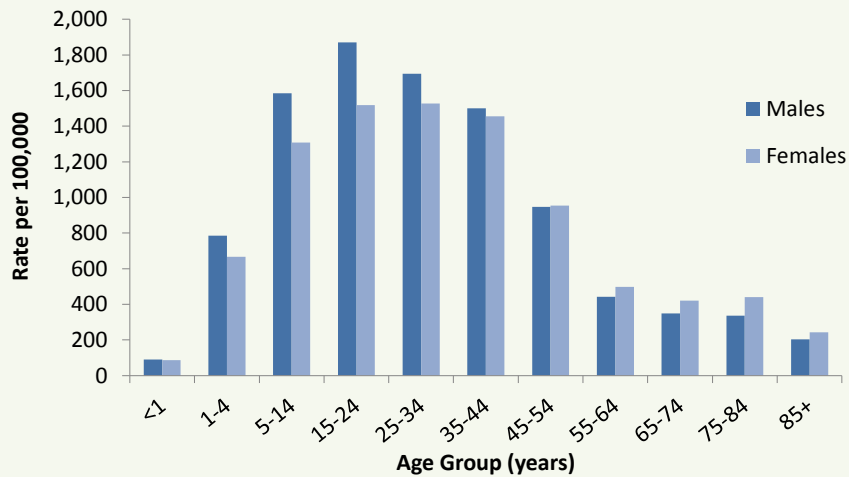
*Age-adjusted

** Intent of Injury

***Type of Injury

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Injury ED Visit Rates* by Age and Sex—Indiana, 2012



Source: ISDH, ERC, DAT

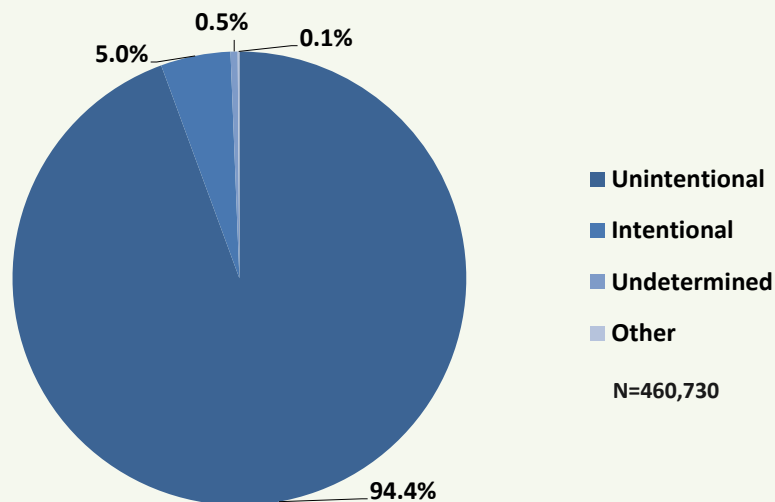
Figure produced by ISDH Division of Trauma and Injury Prevention

N=608,082

*Age-adjusted

33

Injury ED Visits by Intent—Indiana, 2012

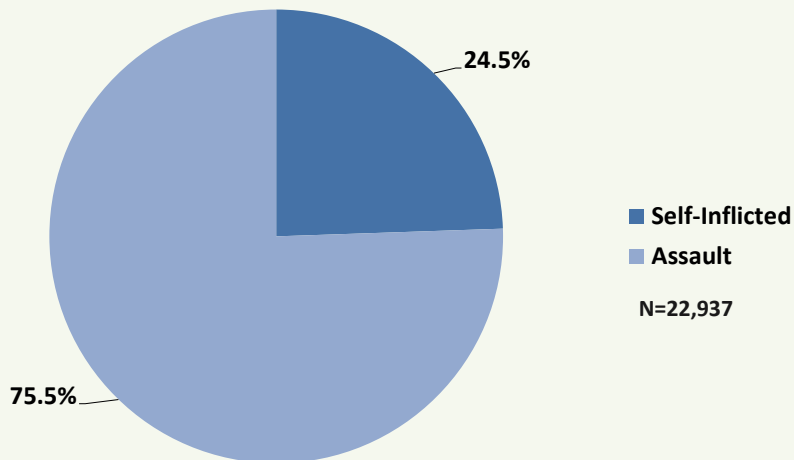


Source: ISDH, ERC, DAT

Figure produced by ISDH Division of Trauma and Injury Prevention

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Intentional Injury ED Visits— Indiana, 2012



Source: ISDH, ERC, DAT
Figure produced by ISDH Division of Trauma and Injury Prevention

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Overview of Outpatient/ED Hospital Discharge Data—Indiana, 2012

- 608,082 ED visits for all injuries at an age-adjusted rate of 9,486.6 per 100,000
- Leading mechanisms of injury were unintentional falls (2274.7 per 100,000), motor vehicle traffic collision (568.9 per 100,000), and poisoning (163.1 per 100,000)
- Males represent 51.0% of injury-related ED visits
- Males and females had nearly the same rates of ED visits due to injury (9802.1 vs. 9116.4 per 100,000)

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Overview of Outpatient/ED Hospital Discharge Data—Indiana, 2012

- Leading causes of injury ED visits among males were unintentional falls (2,019.7 per 100,000), motor vehicle traffic collision (539.9 per 100,000), and poisoning (153.0 per 100,000)
- Leading causes of injury ED visits among females were unintentional falls (2,494.6 per 100,000), motor vehicle traffic collisions (295.7 per 100,000), and poisoning (173.3 per 100,000)

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Conclusions

- Leading mechanisms of injury in injury deaths during 2011 among all ages and both genders:
 - Poisoning
 - Motor Vehicle Traffic Collisions
- Leading mechanisms of injury morbidity among all ages:
 - Unintentional Falls
 - Poisoning
 - Motor Vehicle Traffic Collisions

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IPAC GOALS AND FOCUS

IPAC Mission

The mission of the Injury Prevention Advisory Council (IPAC) is to work with the Indiana State Department of Health (ISDH) to reduce injury-related morbidity and mortality in Indiana.

IPAC Goals

Through improved collection and dissemination of data and coordination of injury prevention and control efforts, the Indiana State Department of Health will reduce injury-related morbidity and mortality in Indiana.

Goals

Specify how to reduce injury-related morbidity and mortality in Indiana:

Use the IPAC collaboration to engage state in injury prevention awareness and outreach

Goals

Item 1: Facilitate opportunities for collaborative prevention efforts in topics such as motor vehicle collision, poisoning, falls, etc.

- Members from across the state come together in IPAC to network
- Meeting provides uniting force for variety of organizations and facilities to work together
- Develop Injury Prevention email list for distribution of IP information
- Other ways to facilitate?

Goals

Item 2: IPAC partners to share data, best practices, and evidence-based programs around the state

- Establish communication among partners and ISDH staff
- Keep ISDH informed about partner projects
- Share program topics and successes
- Identify areas of opportunity around the state in injury prevention
- Follow trends and patterns in injuries
 - Anecdotal information followed up with data

Goals

Item 3: Provide injury prevention updates for the ISDH IPAC website and newsletter outreach

- Website to be a resource for IPAC members and the public for education purposes
- Trauma Times newsletter sent out monthly by ISDH
 - IPAC members to send information to be posted and shared online
- Other forms of outreach/updates?

IPAC Website

The screenshot shows the Indiana State Department of Health (ISDH) website. At the top, there is a navigation bar with links for 'IN.gov', 'A State that Works', and a search bar. Below this is a header for the 'GOVERNOR MIKE PENCE'. The main content area is titled 'Indiana State Department of Health' and features a sidebar on the left with links to 'ISDH HOME', 'TRAUMA SYSTEM/INJURY PREVENTION', and various other resources. The main content area is titled 'INDIANA INJURY PREVENTION ADVISORY COUNCIL' and includes a mission statement, goals, and a list of working priorities. The mission statement is: 'The mission of the Injury Prevention Advisory Council (IPAC) is to work with the Indiana State Department of Health to reduce injury-related morbidity and mortality in Indiana.' The goals are: 'Through improved collection and dissemination of data and coordination of injury prevention and control efforts, the Indiana State Department of Health will reduce injury-related morbidity and mortality in Indiana.' The working priorities are: 'Injuries are the leading cause of death for Hoosiers 1 to 44 years of age, the third leading cause of death for Hoosier 45-64, the fourth leading cause of death for those 65-64, and in the top ten causes of death for Hoosiers 65 and older. Indiana is consistently in the top five states for unintentional suffocation deaths for infants less than one year of age. As such, the prevention of such injuries (and subsequent cost savings) should be a priority for the State of Indiana.' 'Indiana currently ranks 48th in Public Health Expenditure.' 'Injuries are a public health issue, and as such, should be framed within the Public Health Model using guidelines developed by national/international public health organizations (the CDC, APHA, Safe States Alliance, SAVR, and WHO).' 'Injury prevention activities need to be scientifically, evidence-based whenever possible using national guidelines/evidence if available.' 'Evaluation is an essential component of injury prevention to ensure that the intervention is effective.' 'Intentional and unintentional injuries will be included, excluding hospital patient safety issues.' 'The work needs to be rewarding and useful at the individual, organizational, and state level.' 'The group needs to be representative of injuries that encompass all ages, state geographic locations (rural and urban), and ethnicities/cultural backgrounds.' 'Our vision for the future of injury prevention in Indiana must begin with a framework that will ensure that professionals are properly trained with the skills and knowledge necessary to reduce the burden of injury. A curriculum for injury prevention, i.e. core competencies, is necessary for IP professionals to excel and strengthen the field as a whole.' 'Fall 2008 Injury Prevention Survey Presentation'.

Trauma Times Division of Trauma and Injury Prevention

The cover of Trauma Times magazine, Volume 5, Issue 2, February 2014. The title 'TRAUMA TIMES' is prominently displayed in large, bold, blue letters with a red heart rate line graphic. Below the title, it says 'A Communication of the Division of Trauma and Injury Prevention' and 'Indiana State Department of Health'. The cover is divided into two main sections: 'Upcoming Events' and 'In this issue:'. The 'Upcoming Events' section lists: 'Indiana State Trauma Care Committee Meeting, ISDH Offices, February 7, 10 a.m.', 'Indiana Trauma Network Meeting, February 7, 1:30 p.m.', 'Emergency Medical Services (EMS) Commission Meeting, February 14, 10 a.m.', 'ICD-10 Training Course, February 27 & 28'. The 'In this issue:' section lists: 'Indiana State Department of Health (ISDH) EMS Medical Director's Conference', 'ICD-10 Trauma-Specific Training Course', 'Trauma Registry Rule: Training Events', 'Injury Prevention', 'Injury Prevention Advisory Council Update', and 'ISDH Division of Trauma and Injury Prevention: Calendar of Events'. Below these sections, there are two featured articles: 'ISDH EMS Medical Director's Conference' and 'ICD-10 Trauma-Specific Training Course'. The 'ISDH EMS Medical Director's Conference' article states: 'The first statewide EMS Medical Director's Conference hosted by the ISDH Division of Trauma and Injury Prevention on Friday, January 31 was a huge success. The main goal of the conference was to bring together EMS medical directors from around the state to discuss important emergency medicine topics and more than 130 attendees representing 81 services attended the day-long conference. If you were unable to attend the conference, but would like to see the conference in its entirety, go to: <http://www.in.gov/isdh/26124.htm>'. The 'ICD-10 Trauma-Specific Training Course' article states: 'The ISDH Division of Trauma and Injury Prevention will host an ICD-10 trauma-specific training event for trauma registrars in Indiana. The training will be at ISDH in Rice Auditorium on Thursday, February 27 and Friday, February 28. This two-day training event will provide ICD-10-CM/PCS-specific training with an emphasis on trauma scenarios. This course will be facilitated by a tenured Trauma Data Manager and taught by American Health Information Management Association (AHIMA) approved ICD-10-CM/PCS trainers. This program will offer 12 CEUs and registration is \$300 per person. Books can also be purchased for an additional \$110 per person. To register, visit: <http://www.kjconsulting.us/d42.html>'.

Goals

Item 4: Enhance the skills, knowledge, and resources of the state's injury prevention workforce

- Disseminate educational materials
- Share educational webinar/ learning opportunities
- Host statewide conference

2014 Meeting Dates

Rice Auditorium at ISDH

- Thursday, June 12: 1 pm-3 pm
- Wednesday, September 10: 10 am-12 pm
- Thursday, November 20: 1 pm-3 pm

UPCOMING INJURY PREVENTION EVENTS AND ACTIVITIES

Prescription Drugs

Webinar

presented by

**The Center for Injury & Sexual Assault
Prevention
Maryland Department of
Health & Mental Hygiene**



**Thursday, March 27
3:00—4:00 PM EST**

Please mark your calendars for the second webinar in our
RNL Injury Prevention series!

Girls and Substance Use: Trends, Challenges and Opportunities

- Webinar on April 22, 2014, 3-4:30 pm EST
- Hosted by SAMHSA
 - Girls' substance use trends and concerns
 - Girl-Centered responses and interventions
 - Resources for girls: recovery schools, family interventions, and the Voices Program

#TXTL8RIN

Drive Now. TXT L8R

- Social Media contest with \$5,000 scholarships
 - Indiana high school & college students eligible
- Keeping one's hands on the wheel and eyes on the road is not just a safe driving practice – it's the law.
- www.txtl8r.in.gov
- Contest runs April 1-30, 2014
- April is Distracted Driving Awareness Month



High School Athletes & Concussions: SB 222

- Senate Bill 222 signed by President Pro Tempore March 14, 2014
- Requires high school student athletes to be removed from play due to suspected concussion or head injury for at least 24 hours
- Requires high school and youth football coaches to take concussion awareness courses at least once every two years beginning July 1, 2014
- Provides civil immunity for football coaches in certain circumstances

Fireworks Injury Reporting Form

- All hospitals, medical facilities, and private medical practices are mandated to report all fireworks injuries and deaths to ISDH to be published in an annual report
- Updated Fireworks Injury Reporting Form
 - <http://www.state.in.us/isdh/19042.htm#Fireworks>
 - Fax: 317-233-8199 Attn: Injury Prevention Epidemiologist
 - Mail: Indiana State Department of Health
2 N Meridian St
Indianapolis, IN 46204

Contact

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Indiana State Department of Health

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Phone: 317-233-7716